FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY Prefix Serial DATE RECEIVED

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests of PINNACLE VENTURES II-B, L.P. | |
|---|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment | Section 4(6) |
| A. BASIC IDENTIFICATION DATA | 368 13 300 |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PINNACLE VENTURES II-B, L.P. | 190 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 130 Lytton Avenue, Suite 220, Palo Alto, CA 94301 | Telephone Number (Including Area Code) (650) 926-7800 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Venture Capital Investment | 1 PROCESSI |
| Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed othe | r (please specify): |
| Actual or Estimated Date of Incorporation or Organization: Month Year | Actual Estimated |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o | r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



| | · · · · · · · · · · · · · · · · · · · | A. | BASIC IDE | NTII | FICATION DATA | | | | |
|---|---------------------------------------|--|-----------------|--------|------------------------|---------|-----------------|------|---------------------------------------|
| Each beneficial ownEach executive office | e issuer, if the issuer h | nas been organize o vote or dispose porate issuers and | , or direct the | vote (| or disposition of, 10% | | | | securities of the issuer; nd |
| Check Box(es) that Apply: | Promoter | ☐ Benefic | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | | |
| Pinnacle Ventures Mana | gement II, L.L.C. | | · | | | | | | |
| Business or Residence Address | ss (Number and Stre | et, City, State, Z | (ip Code) | | | | | | |
| 130 Lytton Avenue, Suite | 220, Palo Alto, CA | 94301 | | | | | | | <u> </u> |
| Check Box(es) that Apply: | Promoter | ☐ Benefic | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | | |
| Curley, Robert A., Jr. | | | | | | | | | |
| Business or Residence Address | ss (Number and Stre | et, City, State, Z | (ip Code) | | | | | | |
| 130 Lytton Avenue, Suite | 220, Palo Alto, CA | 94301 | | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Benefic | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Lee, Patrick C. | individual) | | | | | : | | | |
| Business or Residence Address | ss (Number and Stre | et City State 7 | (in Code) | | | | | | |
| 130 Lytton Avenue, Suite | • | • | inp Code) | | | | | | |
| Check Box(es) that Apply: | Promoter | | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | | · |
| Business or Residence Address | ss (Number and Stre | et City State 7 | in Code) | | | | | | |
| 130 Lytton Avenue, Suite | • | | np code) | | | * | | | |
| Check Box(es) that Apply: | | | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | - | | Trianaging : an aller |
| Redpoint Pinnacle Holdi | | | | | | | | | |
| Business or Residence Address | | et, City, State, Z | Cip Code) | | | | | | |
| 3000 Sand Hill Road, 2-2 | | - | . , | | | | | | |
| Check Box(es) that Apply: | Promoter | Benefic | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, it Savoie, Robert N. | individual) | | | | | | | - | |
| Business or Residence Address | ss (Number and Stre | et, City, State, Z | Cip Code) | | ··· | _ | | | · · · · · · · · · · · · · · · · · · · |
| 130 Lytton Avenue, Suite | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Benefic | ial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | · | | | | | | | |
| California Public Employ | ŕ | stem | | | | | | | |
| Business or Residence Address | | | Cip Code) | - | - | | | | |
| 400 P. Street, Suite 3492, | Sacramento, CA 9 | 5814 | | | · | | · | | |
| | | | | | l copies of this sheet | | | | |
| | [Click here and the | en on "Add Sect | ion A Page" i | f neec | to add more names. | If not, | delete this lit | ne.] | |

| A. BASIC IDENTIFICATION DATA |
|--|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) General Motors Welfare Benefit Trust |
| |
| Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 16 th Floor, New York, NY 10153 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or |
| Managing Partner |
| Full Name (Last name first, if individual) |
| JP Morgan Chase Bank, N.A., as trustee for First Plaza Group |
| Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 16 th Floor, New York, NY 10153 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) |
| [Click here and then on "Add Section A Page" if need to add more names. If not, delete this line I |

| | | | | | В. | INFOR | MATION A | BOUT OF | FERING | | | | |
|---------------|--|----------------|-----------------|-----------------|----------------|-----------------|----------------|---|----------------------------------|----------------|--------------|-------------|--|
| 1. | Llog the | iggues cold | or does the is | suar intend t | a sall to nor | aggradited i | nuectore in t | hic offering? | | | | Yes | N₀ ⊠ |
| ١. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | L | | | |
| 2. | | | | | | | | \$ | N/A | | | | |
| • | | | | | | | | | Yes | No | | | |
| <i>3</i> . 4. | Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar | | | | | | | | | \boxtimes | L | | |
| 7. | remune | ration for sol | icitation of p | urchasers in c | onnection w | ith sales of se | curities in th | e offering. It | f a person to b name of the b | e listed is an | associated | | |
| | than five | | to be listed a | re associated | persons of | such a broker | or dealer, yo | ou may set fo | rth the inforn | nation for tha | it broker or | | |
| Full 1 | | _ | st, if individu | al) | | | | | | | | | <u></u> |
| Busin | ness or R | lesidence Ad | Idress (Numb | er and Street | , City, State | , Zip Code) | | | | | | | |
| Name | e of Asso | ociated Brok | er or Dealer | | | | | | | | | | —————————————————————————————————————— |
| State | s in Whi | ch Person L | isted Has Sol | icited or Inte | nds to Solic | it Purchasers | | | | | | | |
| (C | heck "A | ll States" or | check individ | duals States) | | | | • | | | | ☐ Al | l States |
| [| AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| { | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [| RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (L | ast name fir | st, if individu | aal) | | | | - | | | | | <u>_</u> |
| Busin | ness or F | Residence Ac | idress (Numb | per and Street | t, City, State | , Zip Code) | <u></u> | | | | | | |
| Nam | e of Ass | ociated Brok | er or Dealer | | | | | | | | | | |
| State | s in Wh | ich Person L | isted Has So | licited or Inte | nds to Solic | it Purchasers | | ····· | | | | | |
| | | | | | | | | | | ****** | | □ A1 | 1 States |
| | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | | | | | . , | | . , | • • | . , | | - , | | |
| | IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [WN] | [MS] | [MO] |
| | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| l | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (I | ast name fir | st, if individu | ıal) | | | | | | <u></u> | | | |
| Busi | ness or F | Residence A | ddress (Num | per and Stree | t, City, State | , Zip Code) | | | | | | | |
| Nam | e of Ass | ociated Brol | ker or Dealer | | | | | | | | | | |
| State | s in Wh | ich Person L | isted Has So | licited or Inte | nds to Solic | it Purchasers | | | | | | | |
| | | | | | | | | | | | | □ A | ll States |
| · | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| ļ | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| _ [| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

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| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OFTROCEEDS | |
|--------|--|---|---|
| E | inter the aggregate offering price of securities included in this offering and the total amount already sold. Inter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and andicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate | Amount Already |
| 7 | Type of Security | Offering Price | Sold |
| I | Debt | \$ | \$ |
| I | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| (| Convertible Securities (including warrants) | \$ | \$ |
| I | Partnership Interests | \$ 175,000,000 | \$ 91,250,000 |
| (| Other (Specify) | \$ | \$ |
| | Total | \$_175,000,000 | \$ 91,250,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| a p | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchase |
| 1 | Accredited investors | 12 | \$_91,250,000 |
|] | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| t | f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of ecurities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| , | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | • | \$ Solu |
| | Regulation A | *************************************** | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 9 | Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | - |
| | Transfer Agent's Fees | | \$ |
| | | | |
| | Printing and Engraving Costs | | \$ |
|] | Printing and Engraving Costs | | \$ |
| 1 | | \boxtimes | |
| 1 | Legal Fees | | \$ |
|] | Legal Fees Accounting Fees Engineering Fees | | \$ \$ |
| 1 | Legal Fees | | \$ |

| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | |
|---|--|--------------------------------|
| | | \$ <u>174,900,000</u> |
| Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | • | |
| | Payments to Officers, Directors & Affiliates | Payments To Others |
| Salaries and fees | ∑ \$ <u>43,750,000</u> | □ s |
| Purchase of real estate | \$ | S |
| Purchase, rental or leasing and installation of machinery and equipment | s | S |
| Construction or leasing of plant buildings and facilities | \$ | s |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | □ \$ | \$ |
| Repayment of indebtedness | s | □ s |
| Working capital | \$ | ⊠ \$ <u>131,150,000</u> |
| Other (specify): | □ \$ | \$ |
| Column Totals | ∑ \$ <u>43,750,000</u> | ⊠ \$ <u>131,150,000</u> |
| Total Payments Listed (column totals added) | | 00,000 |
| D. FEDERAL SIGNATURE | | |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the accredited investor pursuant to paragraph (b)(2) of Rule 502. | | |
| (Ssuer (Print or Type) Signature Dat | e | |
| | e 2, 2005 | |
| Name of Signer (Print or Type) Kenneth R. Pelowski Managing Member of the General Partner, PINNACLE V | FNTI IRES MANAGEN | AFNT ILL.C |
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| ATTENTION | | |

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)